SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.
- 1. Article Addressed to:

THE PARTY NAMED IN STREET

Ottawa County Health Dept. 1856 E. Perry St. Port Clinton, OH 43452 Case 20-cv-01948

9590 9402 4800 8344 3223 43

2. Article Number (Transfer from service label)

7018 1830 0002 1852 5560

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Delbrie Re Mora

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

20CV1948

- 3. Service Type

 ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery

 Certified Mail®
- ☐ Certified Mail Restricted Delivery
 ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
 ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail Express®

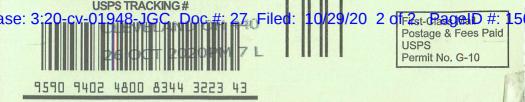
Agent

Addressee

- □ Registered Mail[™]
 □ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™☐ Signature Confirmation

Restricted Delivery

Domestic Return Receipt



United States Postal Service • Sender: Please print your name, address, and ZIP+4® in this box®
Clerk's Office
114 US Courthouse
1716 Spielbusch Are.
Toledon D.H. 6131674

FILED

Toledo, 04 43604

OCT 29 2020